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South Asian Canadians Health & Social Services (SACHSS)

SACHSS offers culturally and linguistically appropriate services for South Asian men, women, seniors and youth, and other communities. SACHS provides programs focused on Health Promotion, Mental Health and addiction issues.

SACHSS serves clients with treatment and counselling services for those mandated by the legal system for issues such as driving under the influence of alcohol/drugs (DUI), violence, domestic violence, anger management etc.

SACHSS runs the PAR (Partner Assault Response) program for domestic violence and undertakes assessments and referrals to rehabilitation centres and intervention services for clients with addiction issues. We offer our services in Hindi, Punjabi, Urdu, Tamil, Gujarati, Malayalam, and English.

SACHSS has highly qualified and experienced staff in the fields of Health Promotion, Mental Health, and Addiction. We give early, convenient, and flexible appointments including evenings and weekends, and provide prompt, detailed client reports.

SACHSS serves all individuals and groups irrespective of their nationality, race, religion, ethnicity, language, colour, sexual orientation, and preferences.

SACHSS strives to build a healthy and vibrant South Asian community.

Referrals from clients, physicians, family doctors, hospitals, the legal system, lawyers, agencies, and organizations are now accepted.

INFORMATION ON SACHSS

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SACHSS Rehab & Drop-In Centre

We are happy and pleased to inform you that because of all the support, help and patronage from all our patrons, we opened our SACHSS Rehab and Drop-in Centre at 247 Main Street Brampton. Ontario. Canada. L6X1N3

All are welcome.

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SACHSS Healthy Living Program

THE SOUTH ASIAN CANADIANS HEALTH & SOCIAL SERVICES - SACHSS IS RUNNING ITS GROUP PROGRAM:

NAME: "SACHSS HEALTHY LIVING PROGRAM"

DATE & TIME: EVERY THURSDAY EVENINGS 6PM TO 8PM

LOCATION: OUR BRAMPTON OFFICE IS LOCATED AT 156 Main Street North, Brampton, Ontario, L6V 1N9 (near Main Street and Church Street; on the 2nd floor inside the Rainbow Room).

WHO CAN ATTEND?

Anyone who faces stress and needs and is interested in Stress Management and developing a Positive Lifestyle.

Persons who need help in dealing with their everyday stress which causes anxiety, depression and other issues in them

Persons who want to improve their Lifestyle with positive physical health and mental health

Persons with mental health issues

Persons with addiction issues

Anyone with anger/violence/domestic violence issues

Anyone who has a family member with mental health, addiction or anger/violence/domestic violence issues

Anyone with legal problems related to mental health, addiction or anger/violence/domestic violence issues

This group is open to men, women, seniors and youth. All are Welcome!

OUR PROGRAMS

Programs for Health Education and Health Promotion	Women's Programs
Programs for Mental Health	Youth Programs
Programs for Addictions	Seniors' Programs
Anger Management Programs	Individual and Group Counselling
Programs for Domestic Violence	Couples and Marriage counselling
Programs for Homeless Individuals	Outreach Programs

Referrals for our service are accepted from all and any organizations, agencies, physicians, and the legal system (including probation officers, parole officers, bail officers, and lawyers).

SELF-REFERRALS ARE ALSO ACCEPTED.





South Asian Canadians Health & Social Services- SACHSS.

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FOR ANY INFORMATION PLEASE CALL :
437-254-2794, 647-523-6380 OR 647-718-0786.

WWW.SACHSS.CA



SACHSS DISTRESS HELPLINE

CALL US WHEN YOU NEED US

If you are distressed or feeling low or need someone to talk to, **reach out today**

647-367-4452
416-863-0511

Available in English and South Asian Languages

South Asian Canadian Health and Social Services - SACHSS





South Asian Canadians Health and Social Services

SACHSS GROUP PROGRAM

HEALTHY LIVING, MENTAL HEALTH, ADDICTION AND RELATED ISSUES



EVERY THURSDAY EVENING AT 6 PM



GRACE PLACE, 156 MAIN STREET NORTH, BRAMPTON, ONTARIO, L6V 1N9. RAINBOW ROOM, 2ND FLOOR
(FREE PARKING AVAILABLE)



THOSE WHO CANNOT ATTEND IN PERSON, CAN ATTEND ON ZOOM ONLINE

ZOOM MEETING ID: 847 3610 5101
ZOOM PASSCODE: 500711

SOUTH ASIAN CANADIANS HEALTH & SOCIAL SERVICES- SACHSS.

FOR ANY INFORMATION PLEASE CALL :
437-254-2794, 647-523-6380 OR 647-718-0786.

DEPRESSION AND SUICIDES IN ELDERLY PEOPLE

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South Asian Canadians Health & Social Services- SACHSS

INTRODUCTION

World wide Depression and untreated mental health conditions are leading risk factors for suicide among older adults, who face disproportionately high rates of fatal self-harm.

Globally suicide is a public health concern that claims the lives of many each year. The complex etiology and factors contributing to the risk of suicide make it hard to predict the likelihood of death by suicide.

Suicide rates have been increasing over the past 25 years in patients aged 65 years and older, and with the expected increases in the size of the older adult population and the under-detection of suicide risk, these rates may continue to increase.

To mitigate and attempt to limit this expected increase, it is important to understand the risk and protective factors of suicide in older adults.

Currently, there are roughly 1 billion people aged 60 or older in the global population. As the baby boom generation continues to age, this number is expected to increase to about 1.4 billion by the year 2030. This growth in the geriatric population means that the deaths caused by suicide in the geriatric population could also increase drastically.

Older males have higher rates of death by suicide than older females. Common methods of suicide include hanging, using firearms, jumping from high places, overdoses, and drowning. Suicide rates may vary depending on the geographical location. Rates of elderly suicide were reported to be 18–22 per 100,000 older men and 3.5 to 4.5 in 100,000 older females.

SUICIDE RATES INCREASE IN OLD AGE

The World Health Organization states that suicide is a global public health concern, accounting for approximately 700,000 deaths per year. The majority of completed suicides occur in low-and-middle-income countries (77%), which accounts for 84% of the world's total population. Globally, suicide mortality rates have been decreasing over the past 20 years, however, the rates of suicide in adults aged 60 or older in the Americas have been gradually increasing. Mental health disorders

are a major risk factor that contributes to these increasing rates. With disorders such as depression becoming more prevalent in the Americas, some populations are more at risk than others. Older adults who are depressed are more likely than those who are not depressed to harm themselves or attempt suicide.

The number of deaths caused by suicide in older adults has been steadily increasing over the past 19 years. In 2001, the population in USA was 285,470,493 and suicide accounted for the death of 6,725 adults aged 60 or older leading to a rate of 2.3 in 100,000. Since then, this number has greatly increased to 12,470 deaths by suicide in 2020 with a population of 335,942,003 with a rate of rate of 3.7 in 100,000. The rates are roughly getting close to doubling over 19 years and are likely to continue growing if no actions are taken.

KEY RISK FACTORS



- **Social Isolation:** "Limited social connectedness is associated with suicidal ideation, non-fatal suicidal behaviour, and suicide in later life."
- **Physical Health Issues:** Chronic pain, debilitating illnesses, functional limitations, and declining sensory abilities severely compromise quality of life.
- **Major Life Transitions:** Retirement, financial strain from fixed incomes, and moving into long-term care facilities increase vulnerability.
- **Loss and Grief:** The cumulative loss of spouses, friends, and physical independence often triggers profound despair.

- **Depression** has long been associated with an increased risk of suicidal thoughts, and suicide attempts, and the presence of depression in geriatric patients is no exception. There are some affective symptoms, however,
- **Perceived burdensomeness** refers to a perception that one is a burden or drain on their loved ones, and this is a feeling that plagues many older adults who rely on their spouses, children, and other significant others for certain aspects of living

PSYCHIATRIC DISORDERS

Major depressive disorder (MDD) is an increasingly prevalent disorder that has been projected by the World Health Organization to become the leading global burden of disease by the year 2030.

The presence of symptoms of **depression** is frequently detected in the early stages of asymptomatic **Alzheimer's disease, or AD.** The stage of neurological decline that precedes dementia is referred to as mild cognitive impairment, or MCI, and has been found to be concurrent with depression in old age individuals. the incidence of depression in late life is a vital predictor of the progression of MCI in otherwise healthy individuals.

Other psychiatric disorders that are associated with suicide include schizophrenia, bipolar disorder, alcohol, and substance use disorders.

SUBSTANCE USE

The baby boom generation has significantly higher rates of **marijuana and illicit drug use** when compared to other generations.

In psychological autopsy studies set in Western countries, **alcohol use disorder** is the second most common diagnosis among older adults who die by suicide. Alcohol use disorder increases the risk of suicide in both older men and older women.

Long-term care patients who were prescribed hypnotics, a commonly administered drug, had twice the risk of suicide.

The increased risk may be associated with the drug's ability to worsen judgement, depression, and cause behavioural confusion. Additionally, the hypnotics may impair normal cognitive functioning leading to pharmacological overdose.

MEDICAL ILLNESS & SOCIAL FACTORS

Physical illness and functional limitations can significantly contribute to suicidal ideation and behaviour in older individuals. Chronic health conditions, mobility impairments, and limitations in activities of daily living can exacerbate feelings of hopelessness and despair, thereby increasing vulnerability to suicide. Furthermore, functional disability may act as a barrier to seeking and receiving appropriate mental health care, further compounding the risk of suicidal behaviour among older adults. **Suicidal behaviour, maybe associated with functional decline and some medical problems, such as malignancy, chronic pain, COPD, liver and kidney disease, male genital disorders, neurological disorders, and arthritis.**

PREVIOUS SUICIDE ATTEMPTS

Previous suicide attempts pose a greater risk of recurrent suicide attempts for the young-old geriatric population. In this age group, not all adults are diagnosed with conditions or diseases that deteriorate their physical well-being and mental health. Suicide attempts are less likely to be fatal on their first attempts, and consequently increase the risk of another suicide attempt**. For the old-old age group, their physical frailty and vulnerability due to their older age results in most suicide attempts being fatal. Moreover, these age groups more carefully plan their attempts and choose methods that are known to be more lethal and fatal at completing suicides.** As a result, it is unlikely that there will be previous suicide attempts that could increase the risk for subsequent attempts. Comparing the older age group (65+) to the younger age group (<65), the older age group is 3 times less likely to have previous suicide attempts when compared to the younger age group. Despite this 3-fold difference, previous suicide attempts still increase the risk for subsequent attempts in older adults.



WARNING SIGNS TO WATCH FOR

“Giving away beloved items or changing their will.”

- Neglecting personal hygiene, grooming, or medical regimens.
- Expressing a preoccupation with death or making direct/indirect statements like "I've had enough".
- Unexplained anger, irritability, or sudden social withdrawal.

STRATEGIES FOR MITIGATING SUICIDALITY

Early screening and intervention are vital to identifying at-risk individuals and providing them with the necessary resources to cope, rather than resorting to harmful coping mechanisms. Such resources include but are not limited to **cognitive behavioural therapies (CBT), interpersonal therapy (IPT), supportive psychotherapy, problem-solving therapy (PST), involving family member/caregiver/environment in therapy (Ecosystem focus therapy)**, screening mechanisms such as the GDS and DIA-S, **pharmacotherapy and antidepressant treatment, community-based outreach programs, counselling in person or via telephone for vulnerable adults, educating primary care physicians on screening protocols and early detection, and the combined effects of exercise and medications on reducing suicidality**.

MEDICATIONS AND EXERCISE

There are lower suicide rates of those taking antidepressants compared to those who are not. These findings show the importance of screening for older adults' depression as it can help physicians and healthcare professionals mitigate the risk of suicide before it is too late.

Exercise and physical activity have been proven to have beneficial impacts on older adults and their depressive symptoms.

Depression and the risk for suicide are dependent on a variety of life stressors and are not just caused by one individual factor. Therefore, using several **interventions and strategies** to try and reduce the symptoms of depression and mitigate suicide risk is quite important. Combining the positive effects of exercise and physical activity with the effects of antidepressants has been shown to have greater improvements in mental health than using antidepressants alone.

SUICIDE PREVENTION

Social exclusion is a factor that contributes to suicidality in geriatric patients, and discrimination directed toward the population as a whole only further warrants intervention. Studies suggest that directed interventions such as intergenerational contact programs, and structured initiatives that allow for the development of meaningful relationships between individuals of different generations can help combat ageist perspectives and foster respect and admiration for those of advanced age.

Observing mood and behavioural changes in older adults

Identifying behaviors that signify a geriatric patient is at risk of suicide is crucial for timely intervention and support. Elderly individuals experiencing persistent sadness, hopelessness, a pervasive loss of interest in activities they once enjoyed, or expressing feelings of being a burden to others might be exhibiting warning signs of suicidal thoughts or actions.

CONCLUSION

With increased risk of suicides in older age, proper screening, intervention, care, social support and treatment is essential to prevent the suicides in older people.

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Obesity: Causes, Prevention, and Health Effects

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Introduction

Obesity is one of the most common public health problems worldwide. It is a chronic medical condition in which a person has excessive body fat that may negatively affect their health. Over the past few decades, the number of people living with obesity has increased significantly among both adults and children. Changes in eating habits, reduced physical activity, increased screen time, and unhealthy lifestyles have all contributed to this growing problem. Obesity not only affects physical appearance but also increases the risk of many serious diseases, including heart disease, diabetes, high blood pressure, stroke, and certain types of cancer. It can also have negative effects on mental health, self-esteem, and quality of life. Therefore, understanding the causes, health effects, and prevention strategies is essential for improving individual and community health. This article discusses obesity, its causes, health effects, prevention methods, and the importance of maintaining a healthy lifestyle (Centres for Disease Control and Prevention [CDC], 2024).

What is Obesity?

Obesity is a medical condition characterized by an excessive accumulation of body fat. Healthcare professionals commonly use the **Body Mass Index (BMI)** to determine whether a person is overweight or obese. BMI is calculated by dividing a person's weight in kilograms by the square of their height in meters (kg/m^2). According to the World Health Organization (WHO), adults with a BMI of **30 or higher** are classified as obese. Although BMI does not directly measure body fat, it is a useful screening tool for identifying individuals who may be at risk for obesity-related health problems (World Health Organization [WHO], 2025).

Obesity develops gradually when a person consistently consumes more calories than they burn through daily activities and exercise. However, obesity is not simply the result of overeating. Many biological, environmental, psychological, and social factors contribute to weight gain. For this reason, obesity is recognized as a complex chronic disease requiring long-term management

rather than a lack of self-control (National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK], 2023).

Causes of Obesity

Obesity results from a combination of different factors rather than a single cause.

Unhealthy Diet

One of the leading causes of obesity is consuming foods that are high in calories, sugar, unhealthy fats, and salt. Fast food, fried foods, sugary beverages, processed snacks, and desserts provide excessive calories while offering little nutritional value. Large portion sizes and frequent consumption of restaurant meals also contribute to weight gain. When calorie intake consistently exceeds calorie expenditure, the body stores the extra energy as fat (CDC, 2024).

Physical Inactivity

Modern lifestyles often involve long hours of sitting at work, school, or home. Many people spend several hours using computers, smartphones, or watching television, reducing opportunities for physical activity. Lack of regular exercise decreases calorie burning and contributes to gradual weight gain. Physical inactivity also weakens muscles and reduces overall fitness, making it more difficult to maintain a healthy body weight (WHO, 2025).

Genetic Factors

Genetics can influence how the body stores fat, regulates hunger, and uses energy. Individuals with a family history of obesity may have a higher risk of becoming obese. However, genetic factors alone do not cause obesity. Healthy eating habits and regular physical activity can help reduce this risk even in people who are genetically predisposed (NIDDK, 2023).

Psychological Factors

Stress, anxiety, depression, loneliness, and emotional problems can lead to emotional eating. Many individuals use food as a way to cope with difficult emotions, often choosing high-calorie comfort foods. Repeated emotional eating can result in excessive calorie intake and long-

term weight gain. Mental health and obesity are closely connected because obesity may also increase feelings of low self-esteem and depression (American Psychological Association, 2023).

Lack of Sleep

Getting insufficient sleep can affect hormones that regulate hunger and fullness. People who do not sleep enough often feel hungrier, crave high-calorie foods, and have less energy for physical activity. Long-term sleep deprivation has been associated with an increased risk of obesity (CDC, 2024).

Medical Conditions and Medications

Certain health conditions such as hypothyroidism, polycystic ovary syndrome (PCOS), and Cushing syndrome may contribute to weight gain. Some medications, including corticosteroids, antidepressants, and certain diabetes medications, may also increase body weight. Individuals experiencing medication-related weight gain should consult healthcare professionals for appropriate guidance (NIDDK, 2023).

Health Effects of Obesity

Obesity affects nearly every system of the body and significantly increases the risk of chronic diseases.

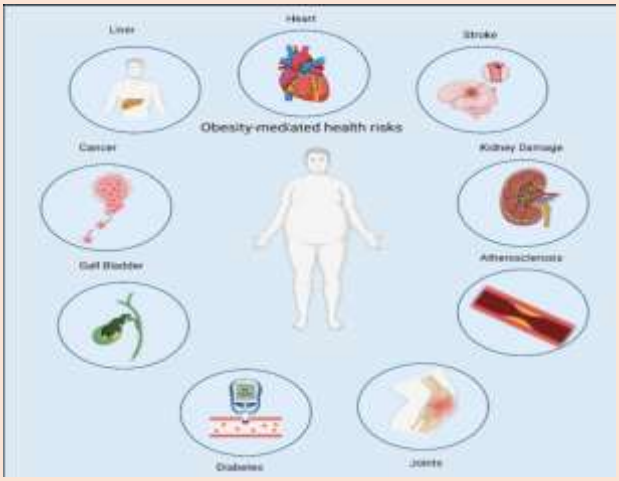


Figure1: Obesity related Health Risks (Centres for Disease Control and Prevention, 2024)

Cardiovascular Disease

Excess body fat places additional strain on the heart and blood vessels. People with obesity are more likely to develop high blood pressure, high cholesterol, coronary artery disease, heart attacks, and strokes. These conditions are among the leading causes of death worldwide (WHO, 2025).

Type 2 Diabetes

Obesity is one of the strongest risk factors for Type 2 diabetes. Excess body fat reduces the body's ability to use insulin effectively, resulting in elevated blood sugar levels. Uncontrolled diabetes can damage the eyes, kidneys, nerves, and heart. Maintaining a healthy weight significantly lowers the risk of developing diabetes (CDC, 2024).

Joint and Bone Problems

Carrying extra body weight places significant pressure on weight-bearing joints such as the knees, hips, and lower back. Over time, this increases the risk of osteoarthritis, chronic pain, reduced mobility, and disability. Many individuals with obesity experience difficulty performing everyday activities because of joint discomfort (NIDDK, 2023).

Respiratory Problems

Obesity can make breathing more difficult and increases the likelihood of developing obstructive sleep apnea, a condition in which breathing repeatedly stops during sleep. Sleep apnea reduces sleep quality, causes daytime fatigue, and increases the risk of cardiovascular disease (WHO, 2025).

Mental Health Problems

Obesity affects emotional well-being as well as physical health. Individuals living with obesity may experience discrimination, bullying, low self-confidence, anxiety, depression, and social isolation. These psychological challenges may reduce quality of life and make healthy lifestyle changes more difficult (American Psychological Association, 2023).

Certain Types of Cancer

Research has shown that obesity increases the risk of developing several cancers, including breast, colorectal, liver, kidney, pancreatic, and endometrial cancers. Maintaining a healthy body weight helps reduce the risk of these diseases (World Cancer Research Fund International, 2024).

Prevention of Obesity

Preventing obesity requires long-term healthy lifestyle habits rather than short-term dieting.

Healthy Eating

Eating a balanced diet that includes fruits, vegetables, whole grains, lean proteins, and low-fat dairy products helps maintain a healthy weight. Limiting sugary drinks, processed foods, fast food, and foods high in saturated fat reduces excess calorie intake. Drinking enough water and practicing portion control also support weight management (WHO, 2025).

Regular Physical Activity

Adults should engage in at least **150 minutes of moderate-intensity physical activity each week**, such as brisk walking, cycling, or swimming. Regular exercise burns calories, strengthens muscles, improves heart health, and supports mental well-being (WHO, 2025).

Adequate Sleep

Most adults need approximately seven to nine hours of sleep each night. Good sleep improves hormone balance, reduces cravings, and supports healthy metabolism (CDC, 2024).

Stress Management

Managing stress through meditation, yoga, deep breathing, hobbies, counselling, or spending time with family and friends can reduce emotional eating and improve overall well-being.

Family and Community Support

Healthy habits are easier to maintain when supported by family members, schools, workplaces, and communities. Schools can promote nutritious meals and physical education, while governments can improve access to healthy foods, parks, and recreational facilities.

Regular Medical Check-ups

Healthcare providers can identify obesity-related health risks early and provide guidance on nutrition, exercise, behavioural changes, and medical treatment when necessary.

Conclusion

Obesity is a complex chronic disease that affects millions of people worldwide. It develops due to multiple factors, including unhealthy eating habits, physical inactivity, genetics, psychological issues, lack of sleep, and certain medical conditions. Obesity significantly increases the risk of heart disease, Type 2 diabetes, hypertension, sleep apnea, joint problems, mental health disorders, and several types of cancer. Fortunately, many cases of obesity can be prevented through healthy eating, regular physical activity, sufficient sleep, stress management, and supportive environments. Governments, healthcare professionals, schools, communities, and families all play important roles in promoting healthy lifestyles. By making positive lifestyle choices and seeking appropriate medical support when needed, individuals can reduce their risk of obesity and enjoy healthier, longer, and more productive lives.

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Understanding Trauma

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Introduction

Trauma is an experience that is very frightening, harmful, or overwhelming to a person. Can impact an individual's thinking, feelings, body, relationships and day-to-day functioning. Trauma can occur from a variety of experiences, including abuse, neglect, violence, accidents, natural disasters, serious illness, war, grief and loss of a loved one, or displacement from one's home. How a person reacts to trauma varies from person to person. Some may move on rather swiftly while some may experience it for a long time. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2026) states that trauma can impact a person's mental, physical, emotional, social and spiritual health.

Trauma is a significant issue in social service because many people coming to social service would have experienced challenging events. By knowing about trauma, workers can approach their clients with patience and understanding rather than judgmental. Trauma-informed care helps to build a safe environment that is respectful, attuned to and responsive to people's needs, and inclusive of people in decision-making around their lives (SAMHSA, 2026).

Understanding Trauma

Trauma is a person's reaction to a harmful or threatening event or situation. The same event may cause different people to suffer in different ways. For instance, two individuals have an accident and one is fine, another may be frightened or anxious afterwards. There are various kinds of trauma. Acute trauma typically occurs from a single incident, like a car crash, a natural disaster or a violent event. Chronic trauma occurs when a person encounters trauma and/or stress situations over time. This may be in the form of continuing abuse, neglect, bullying, or family violence. Complex trauma can be a combination of multiple traumas, particularly if they occur in childhood and/or within relationships where they should have felt safe.

Communities can be impacted by trauma as well. Events such as war, racism, discrimination, forced migration, community violence can impact a group of individuals. According to SAMHSA (2026), trauma may be felt at times as a collective experience for a community, culture, and/or a generation. This demonstrates that trauma is not necessarily a personal experience, and social and cultural contexts can also shape the experience and recovery from trauma.

Psychological and Emotional Effects of Trauma

Trauma often causes people to alter their emotions and mental health. People can experience fear, sadness, anger, confusion, anxiety or numbness following a traumatic event. They may replay the incident in their mind and/or may not be able to focus. They may experience insomnia, or anxiety about safety as well. Many people recover from such reactions over time and these reactions are normal in the wake of a traumatic event (NIMH, 2024). But others still suffer from symptoms that disrupt their daily activities.

Sometimes trauma can be a factor in the development of mental health issues like anxiety, depression and post-traumatic stress disorder (PTSD). There can be a threat without a person feeling nervous. They may also flee from situations, places or people that remind them of the incident. It is crucial to know that suffering trauma does not necessarily result in PTSD. According to NIMH (2024), very few people who experience traumatic events will develop PTSD. Factors such as a person's experiences, family and community support, chronic stressors, and personal context can impact their reactions to trauma.

Physical Effects of Trauma

The body can also be traumatised. The body automatically activates a stress response when someone is in danger or feels threatened. This can make the person feel more awake and the heart rate increase. Following trauma, some individuals may have headaches, stomach troubles, fatigue, sweating, trouble sleeping, muscle tension or a fast heartbeat. They may also be easily startled. NIMH (2024) reports that physical responses to trauma include headaches, stomach issues, sleeping problems, sweating, and on-the-go heart rate.

Chronic trauma can have a wider impact on health and development, especially in childhood. According to SAMHSA (2026) mental health issues, substance-related issues and chronic physical health conditions are linked to traumatic experiences. Early support and prevention is important for this reason.

Social and Behavioural Effects of Trauma

Trauma can also impact the person's interactions with others. A sufferer of trauma can struggle with trust and/or relationships. May isolate themselves from family, friends, school, work, or community. Trauma can bring out the irritation or anger in some people. Others may become withdrawn and shun social interactions. A person might also struggle with concentration, focus, or regular routines, or completing daily tasks.

Children and teenagers may show trauma through their behaviour instead of talking about their feelings. According to NIMH (2024), children may have issues with sleep, attention, school, relationships, and behaviour following a traumatic event. Younger children can become clingier, have more tantrums or revert to behaviours that they have outgrown. It is significant for social service workers to understand that behaviour is not always "bad behaviour. Behaviour may be a way a person is expressing that they are struggling.

Post-Traumatic Stress Disorder (PTSD)

PTSD is a mental health condition that may result from an individual's experience or witnessing a traumatic event. Those who have PTSD can often be fearful or on edge even after they are out of harm's way. Symptoms can involve unwanted memories of the event, nightmares, avoiding reminders of the event, problems sleeping, being easily startled, feeling constantly on edge, and experiencing negative feelings of fear, guilt, anger, or shame (NIMH, 2024). PTSD can impact a person's relationship, school, work and everyday functioning. But it is essential to not assume

that everyone who has been traumatized will develop PTSD. Individuals react differently, and many individuals are able to heal over the course of time and support.

Managing Trauma

Managing trauma is not about simply forgetting what happened. The recovery journey can be unique for everyone. Some may need to seek professional counselling, and others may also need help from family, friends, community organisations and other services. Creating a sense of safety is one critical aspect of trauma management. Those who have been traumatized may require time to get comfortable with others. They can feel valued and that they have some control of what comes next in a supportive environment. Good habits will also help the healing process. The following tips come from NIMH (2024): Try to stick to routines, hang out with supportive individuals, set realistic goals, and practice healthy activities to reduce stress. These are some things that can be done to help people get back into a more stable life. Professional treatment could also prove beneficial if the symptoms persist or are affecting functioning. A person's needs can be evaluated by mental health practitioners and treatment options recommended. Psychotherapy and, in a few cases, medication may be used to treat PTSD (NIMH, 2024).

Trauma-Informed Care

Social service is particularly a place of trauma-informed care. Trauma-informed care focuses on what might have occurred for a person, rather than just asking ‘What's the matter with you?'. SAMHSA (2026) defines trauma-informed care as being knowledgeable about the impact of trauma on individuals, the signs of trauma, trauma-informed practices, and to avoid retraumatizing. For instance, a social service worker might provide alternatives when appropriate, inform clients of what is to be done before doing it, honor self and others' personal boundaries, be sensitive to clients' judgments, and respect their decision on how much they want to share. SAMHSA (2026) also highlights the themes of safety, trust, collaboration, and empowerment. These principles are particularly significant when considering the experiences of individuals who have felt a lack of control or safety in a situation.

Conclusion

The impact of trauma is on nearly all aspects of a person's life. It can impact feelings, psychological well being, physical well being, relationships, behavior, school, work and

community involvement. While some may recover from a traumatic event, others may require extra support due to ongoing symptoms of the trauma or symptoms that are difficult to manage. Social service workers need to grasp the concept of trauma particularly. Using a trauma-informed approach enables workers to see beyond a person's behaviour and think about what might have happened to them that has affected their behaviour. By creating opportunities for people to feel safe, respected, in control, trusted and supported, it can help them to feel more at ease. Healing from trauma is unique for each person, and there is no set length of time. Through supportive relationships, appropriate professional services, healthy coping and a safe environment, people have the potential to become resilient and move towards recovery. Social service workers can help in this process by treating clients with dignity, acknowledge their strengths, listening without judgment and assisting them to access the support they need.

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Bullying and Its Impact on Mental Health

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Introduction

Bullying is a serious social and mental health issue that affects children, adolescents, and adults. It can happen in schools, workplaces, communities, social groups, and online. Bullying involves repeated unwanted behavior, often with a power imbalance, intended to hurt, threaten, embarrass, or exclude another person (CDC, 2024). It can be physical, verbal, social, emotional, or digital. Bullying can negatively affect mental health by making individuals feel unsafe, lonely, rejected, or powerless. These experiences may contribute to anxiety, depression, low self-esteem, sleep problems, and social isolation. Research shows that children and adolescents who experience bullying have a higher risk of depression compared with those who do not experience bullying (Zhou et al., 2023). Therefore, understanding bullying and its effects is important for social service workers, educators, parents, and communities.

Types of Bullying

There are a variety of types of bullying. Physical bullying is when someone is physically hurt, injured, or hurt in some other way, either by being hit, kicked, pushed, damaged, or threatened. Verbal bullying involves using insulting, teasing, name-calling, and threatening language or words, or hurtful words. Social/Relational Bullying refers to rumors, deliberate exclusion of a player from a group, embarrassing a player in front of others, or hurting a player's friendships. Internet, text messaging, phone, social media, and online games are all places where cyberbullying can happen.

The effects of cyberbullying can be particularly devastating because it can occur at any time and can be seen by many people in a short period. Unlike "typical" bullying, someone can keep being bullied online even after they are no longer at school or in another place where they go daily. As described by UNICEF (2024), cyberbullying can bring feelings of shame, fear, anxiety, insecurity, loneliness, and withdrawal from friends and family. Online material can also stay online for a lengthy period, making the encounter challenging to get away from.

Impact of Bullying on Mental Health

Mental health effects of bullying are among the most significant effects of bullying. Victims of bullying might think that they are somehow to blame for the bullying, or that there is something wrong with them. Constant negative feedback may hurt their self-confidence and self-esteem. If a person is constantly insulted, criticized, or ostracized, they may eventually come to think poorly of themselves.

Bullying is associated with some major mental health issues, including depression. Persistent sadness, hopelessness, loss of interest in activities, low energy, trouble concentrating, and feelings of worthlessness are some symptoms of depression. Zhou et al. (2023) conducted a systematic review and meta-analysis to assess the bidirectional relationships between bullying and depression in children and adolescents. They identified that children and adolescents who were bullied had about 2.77 times higher odds of experiencing depression than those who were not bullied. It's a sign that bullying is not a normal part of life.

Another common side effect is anxiety. A bullied person could always be thinking about how, when, and if the bullying will continue. They may fear attending school, social events, speaking in front of others, and interacting with fellow children. This never-ending worry can cause great emotional pain over time. According to UNICEF (2024), some emotional issues that can result from bullying include anxiety, depression, and social withdrawal.

Social Isolation and Loneliness

Social isolation is another big consequence of bullying. Bullied people may choose not to go to classes, play with friends, go to work, or attend the community because they do not want to be judged and hurt again. May become withdrawn from activities they previously enjoyed. This can result in a vicious cycle of bullying, isolation, and loneliness, which makes it harder for someone to get help.

Social relationships are significant for mental health because relationships that provide emotional security and feelings of belonging can positively impact mental health. Mental health problems were found to be related to experiences of bullying in youth, and this was partly mediated by interpersonal distrust (Tomoko & Slavich, 2024) in a study published in Nature Mental Health.

That is, one might get a sense of untrustworthy others following repeated bullying. In some instances, this lack of trust can persist even following the end of the bullying. Making friendships and believing others care about him/her may be difficult. The impact of being bullied can therefore be more than just the incident itself and can have an impact on future relationships.

Effects on School and Daily Life

The impact of bullying may also be destructive to learning and living. A student who does not feel safe at school will not go to school, be unable to focus on the activities, or become disinterested in schoolwork. Falling grades, sleep issues, numerous physical complaints, and lack of school attendance are potential warning signs for bullying, as cited by the CDC (2024).

A student's anxiety about being bullied can cause a headache or stomach ache before school. These symptoms may seem physical but could be linked to emotional stress. Pupils might also find it difficult to sleep as they think about what has just happened during the day or worry about what may occur the next day.

Similar challenges can be caused by cyberbullying. Young people can feel there is no safe space away from bullying as mobile phones and social media are a regular part of life. Worrying or embarrassing remarks can be circulated and re-posted over and over, creating a sense of shame and powerlessness.

Bullying and Serious Mental Health Risks

In extreme cases, bullying can be related to self-harm and suicidal thoughts or behaviours. The study included a meta-analysis of 47 studies, which showed a link between involvement in bullying and risk of suicidal ideation and suicidal behaviour (Holt et al., 2015). This does not indicate that bullying directly leads to suicide, as numerous factors affect mental health. The evidence reveals, however, that bullying can be an important risk factor that needs to be taken seriously by professionals.

For social service workers and any other helping practitioners, it means that the indicators of bullying should not be overlooked. If a young person reports bullying, the worker should listen

carefully, assess the young person's emotional safety, and check for concerns regarding self-harm and/or suicide. The person treated with dignity and without judgement.

Importance of Support Systems

Bullying can have a negative impact that can be minimized with a strong support system. Parents, teachers, friends, social workers, counsellors and the community could all be sources of support. Sometimes, an individual who is being bullied may not disclose it to anyone because he or she fears retaliation, is embarrassed, or believes no one will help.

Being able to communicate openly may make it easier for individuals to get help. Parents and professionals need to regularly engage with young people in conversations that ask about their experiences in school, friends, online, and emotional health and wellbeing. UNICEF suggests that communication should be frequent and open and that children should be comfortable in talking about bullying and other issues (UNICEF, n.d.). Inclusive environments and respect for differences are also important. You and children can be targeted on account of handicap, appearance, family relations, social standing, or any other element. Promoting an accepting culture can help to counteract discrimination and bullying.

Conclusion

Bullying is a serious matter and will impact one's mental health, relationships, education, and well-being. Bullying may make people feel anxious, depressed, and low in self-esteem, loneliness, can cause sleep issues, make it difficult to relate to others, and can affect their trust in others. For some at-risk bullying cases, there is also an association with participation in bullying and self-harm and suicidal thoughts and behaviors.

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Adjustment Disorders

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Introduction

Adjustment disorders are a fairly common mental health disorder that involves a lot of emotional and behavioral strain due to some kind of life stressor or big life change. Everyone experiences stress but some people have trouble coping with an unexpected or overwhelming situation. If the reactions are severe and interfere with function or living, an adjustment disorder may occur. Adjustment disorders are different from many other mental health problems in that they are directly associated with a known stressor and often start within three months of the stressor.

Adjustment disorders can happen to anyone, no matter their age, which includes children, teens, grownups and seniors. The disorder may impact on quality of life, work, school, relationships, and feelings of well-being. The early recognition, professional assistance and healthy coping mechanisms can help the person recover and be able to manage life's challenges.



Figure1: Symptoms of Adjustment Disorders (Cleveland Clinic, 2023)

Understanding Adjustment Disorders

Adjustment disorder is a disorder that involves emotional and/or behavioral reactions following a stressful event. They are more severe than is generally seen and markedly impair social, occupational, academic or personal functioning. The American Psychiatric Association (2022) states that the symptoms are directly attributable to a specific stressor, and are not more closely attributed to another mental health disorder.

Adjustment disorders are regarded as short-term disorders. The symptoms usually improve with the removal of the stressor or when the person adapts successfully to the situation. If not adequately treated, however, anxiety disorders, depression and substance abuse can develop.

The Causes of Adjustment Disorders

Adjustment disorders result from a life event or major life change that causes someone to react to the stress in a way that exceeds what they can manage. Stress effects vary from person to person based on personality, support networks, past experiences and coping mechanisms.

Major Life Changes

Major life changes are associated with many adjustment disorders. This can be when you start college, change jobs, move to a different country or city, get married, have children, retire or have financial difficulties. Some of these happenings are positive but can also be emotionally stressful and need a great deal of adjustment.

International students and immigrants can also find it challenging to adjust to a different culture, language, education system and social setting. They can heighten emotions of isolation, worry, and worry.

Loss and Grief

Adjustment disorder can be triggered by a traumatic event, such as a death of someone close to you, the loss of a loved one, divorce or separation. While grief is a normal reaction to loss, when emotional responses are too intense and impact functioning in your life, professional support may be needed.

Problems in the family and with relationships

Factors such as family problems, domestic abuse, parenting difficulties or continuing relationship issues may cause adjustment disorders. People who experience stress in their homes may find it difficult to deal with emotional upsets and have healthy relationships.

Academic and Workplace Stress

Examination stress, deadlines, academic work and career planning can be stressful for students. As well, stress at work, unemployment, too much work or being uncertain about a job can lead to emotional problems. Without coping strategies, it is more likely that an adjustment disorder can result from ongoing stress.

Medical Conditions and Trauma

A serious medical diagnosis, post-surgery, or dealing with a chronic illness can have a major impact on mental health. Likewise, an accident, natural disaster, violence or other traumatic events can be more than a person can handle and could help trigger an adjustment disorder.

Signs and Symptoms

The symptoms of adjustment disorders will differ depending on the person and the circumstance of the stressor. These emotional, behavioral and physical symptoms can occur within three months of the stress event.

Emotional Symptoms

People may have a constant feeling of sadness, worry, hopelessness, feeling overwhelmed, frustration, or irritability. Many also complain about frequent crying, inability to focus and lack of self-confidence.

Behavioral Symptoms

Changes in behavior can involve isolation, neglect of duties, trouble in school or at work, quarrels with family members, reckless behavior, or using alcohol and drugs to cope. A person might lose interest in activities that they once enjoyed.

Physical Symptoms

Adjustment-related stress can also manifest itself physically as headaches, tiredness, muscle tension and discomfort in the stomach, sleeping problems and appetite changes. These physical symptoms tend to get better the more emotional health gets better.

Types of Adjustment Disorders

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) lists several different types of adjustment disorders, depending on the major symptom of the disorder experienced.

Adjustment Disorder with Depressed Mood

In this type, sadness and hopelessness are symptoms, along with crying more often, decreased motivation and interest in daily activities.

Adjustment Disorder with Anxiety

People usually suffer from excessive worry, nervousness, fear, inability to relax, and uncertainty about the future.

Adjustment Disorder with Mixed Type of Anxiety and Depressed Mood

Others may have anxiety and depressive symptoms at the same time, and have trouble managing their daily life.

Adjustment Disorder with Disturbance of Conduct

This type tends to be more prevalent in children or adolescents, and includes behaviors such as aggression, rule-breaking, property destruction, and other behavioral issues.

Adjustment Disorder with Mixed Disturbance of Emotions and Conduct

Emotional distress and behavioral dysfunction, which relate to relationships, school functioning, or workplace functioning are included in this form.

Diagnosis

Adjustment disorders are diagnosed with a thorough clinical evaluation. Evaluation consists of a review of the person's life events, emotional symptoms, medical history, and function. Mental health professionals make the diagnosis if the symptoms began within three months of a clear stressor, and if they result in substantial impairment.

No lab tests are specifically used to diagnose adjustment disorders. A primary method for diagnosis is through interviews, clinical observation, and known diagnostic criteria as described in the DSM-5-TR.

Treatment and Management

When people get the support they need and learn healthy coping skills, most are successful in recovering. The overall goal of treatment is to minimize symptoms, enhance coping skills, and help adjust to stressful life circumstances.

Psychotherapy

Psychotherapy is the main approach to the treatment of adjustment disorder. Cognitive Behavioral Therapy (CBT) is one of the most effective therapies available that can assist people recognize negative thought patterns, learn more healthy coping skills, and enhance their problem-solving abilities. Supportive counselling also offers emotional support and promotes healthy expression of emotion.

Stress Management Techniques

Stress management programs can very effectively decrease symptoms. Emotional Wellbeing practices include deep breathing exercises, mindfulness meditation, regular exercise, relaxation techniques, and a healthy sleep pattern. Effective time management and setting realistic goals can also help decrease stress in a day.

Building Social Support

Social support is an important factor to protect. Family, friends, classmates, coworkers, support groups and community organizations can offer emotional support and help when things are tough. A sense of belonging is important for resilience and recovery.

Medication

Usually, adjustment disorders are not treated first with medication. But, if necessary, a health care provider may be able to provide short-term prescription treatment for severe anxiety, insomnia or depression symptoms. It is usually treated with psychotherapy in addition to medication.

Prevention

While stressful life events may happen that you cannot prevent, you can minimize the development of adjustment disorders by building more effective healthy coping mechanisms. Emotional resilience is supported by maintaining supportive relationships, stress management, early help, regular exercise and participation in activities that are fun. Education and awareness of the community regarding mental health also promote early identification and treatment.

Conclusion

Adjustment disorders are common but treatable mental-health problems that typically occur after a stressful life event. Some distress may be undergone in response to change, but if there is ongoing distress that impacts functioning, professional help is necessary. Recovering from a mental health problem is greatly facilitated by early identification, counselling, healthy coping, social support, and community-based services. Increasing mental health awareness and offering culturally relevant support help to create healthier people, stronger families and resilient communities – things that organizations like SACHSS can help provide.

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The Impact of Beauty Standards Among Youth

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Introduction

Beauty standards are socially created ideas about which physical characteristics are considered attractive, desirable, or acceptable. These standards may include expectations related to body size, weight, skin tone, facial features, hair texture, muscularity, clothing, and physical appearance. Although beauty ideals have existed throughout history, social media, advertising, celebrity culture, beauty filters, and influencer content have increased young people's exposure to appearance-related messages.

Adolescence is a major period of physical, emotional, cognitive, and social development. During this stage, young people may become more aware of their appearance and more sensitive to the opinions of peers. The World Health Organization identifies adolescence as a period of rapid physical and psychosocial development during which social expectations and environmental influences can affect health and well-being (World Health Organization [WHO], n.d.).

Social media has intensified the influence of beauty standards by providing young people with constant access to highly curated photographs and videos. Many online images are modified through filters, professional lighting, makeup, photo-editing applications, or other digital tools. These changes may not always be obvious to viewers. As a result, young people may compare their natural appearance with unrealistic or digitally altered images. UNICEF (n.d.) explains that repeated exposure to idealized appearance-related content may influence how adolescents view their bodies and contribute to appearance-based comparison.

Research has found that exposure to idealized beauty content on social networking sites can negatively affect body image. A systematic review of experimental studies found that viewing idealized appearance-related images on social media was associated with increased body dissatisfaction among young people (Fioravanti et al., 2022). The effects of social media vary among individuals and may be influenced by factors such as the type of content viewed, the amount of

appearance-based comparison, existing self-esteem, and the level of support available to the young person (American Psychological Association [APA], 2023).

Beauty standards can affect more than appearance preferences. Persistent pressure to meet unrealistic ideals may influence self-esteem, mental health, eating behaviours, relationships, and participation in school or social activities. Preventing harm requires support from families, schools, healthcare professionals, community organizations, social media platforms, and the broader community (APA, 2023).

Understanding Beauty Standards

Beauty standards vary across cultures and historical periods. However, many modern beauty ideals continue to promote narrow definitions of attractiveness. These ideals may emphasize thinness for girls and young women, muscularity or a lean physique for boys and young men, clear skin, symmetrical facial features, specific hair textures, and particular body proportions.

Beauty standards are influenced by social values, cultural expectations, media representation, advertising, and changing trends. When only a limited range of appearances is consistently presented as attractive or successful, young people whose bodies or features differ from these ideals may feel excluded or believe that they are less attractive or socially accepted (UNICEF, n.d.).

The Thin Ideal

The thin ideal promotes the belief that a slim body is more attractive, successful, disciplined, or desirable. Young people may encounter this ideal through fashion media, advertisements, celebrity culture, social media, and weight-loss content. Repeated exposure to thin and highly edited bodies may encourage some youth to compare their weight or body shape with unrealistic standards (Fioravanti et al., 2022).

Body dissatisfaction may develop when young people believe that their natural bodies do not meet socially valued ideals. This dissatisfaction may contribute to unhealthy dieting, restrictive eating, excessive concern about weight, or negative feelings about the body (WHO, 2024).

The Muscular Ideal

Beauty pressure also affects boys and young men. Many are exposed to messages suggesting that an attractive male body should be muscular, lean, strong, and physically large. Fitness influencers, exercise content, sports culture, and advertisements may reinforce these expectations.

Research suggests that social media can influence boys' and young men's concerns about muscularity and body appearance. Some youth may feel pressure to exercise excessively, follow restrictive diets, or use supplements to change their bodies (APA, 2023). Appearance-related concerns among boys may be overlooked because body-image issues are sometimes incorrectly viewed as affecting only girls.

Facial Standards

Modern beauty standards may promote clear skin, smooth facial features, full lips, narrow noses, large eyes, or other highly specific characteristics. Beauty filters can remove acne, smooth skin, change facial proportions, alter eye size, or modify body shape within seconds.

Repeated exposure to filtered images may influence what young people view as normal or attractive. Some adolescents may become dissatisfied with natural characteristics such as pores, acne, scars, facial asymmetry, or normal skin texture (UNICEF, n.d.). The APA (2023) notes that appearance-related social comparison may be particularly concerning when young people are repeatedly exposed to idealized or highly curated content.

Colourism Beauty Standards

Beauty standards may also be influenced by colourism and Eurocentric expectations. In some societies, lighter skin, specific facial features, or particular hair textures may be treated as more attractive or socially desirable. These standards may negatively affect the self-esteem and identity of youth whose natural characteristics are underrepresented or criticized.

Young people may experience pressure to change their skin tone, straighten or alter their hair, or modify their appearance to fit dominant beauty ideals. Diverse and inclusive representation can help challenge the belief that only one type of appearance is attractive or socially valued (UNICEF, n.d.).

Causes and Risk Factors

Social Media

Social media allows young people to view photographs and videos of peers, celebrities, influencers, and public figures throughout the day. Unlike traditional media, social media also provides visible indicators of popularity, including likes, comments, shares, views, and follower counts.

Young people may compare their appearance with individuals who receive significant attention online. This process is known as social comparison. When youth believe that others are more attractive, popular, or successful, they may experience feelings of inadequacy or dissatisfaction. Appearance-focused social media use may increase opportunities for negative comparison, particularly when young people view idealized content frequently (APA, 2023; Fioravanti et al., 2022).

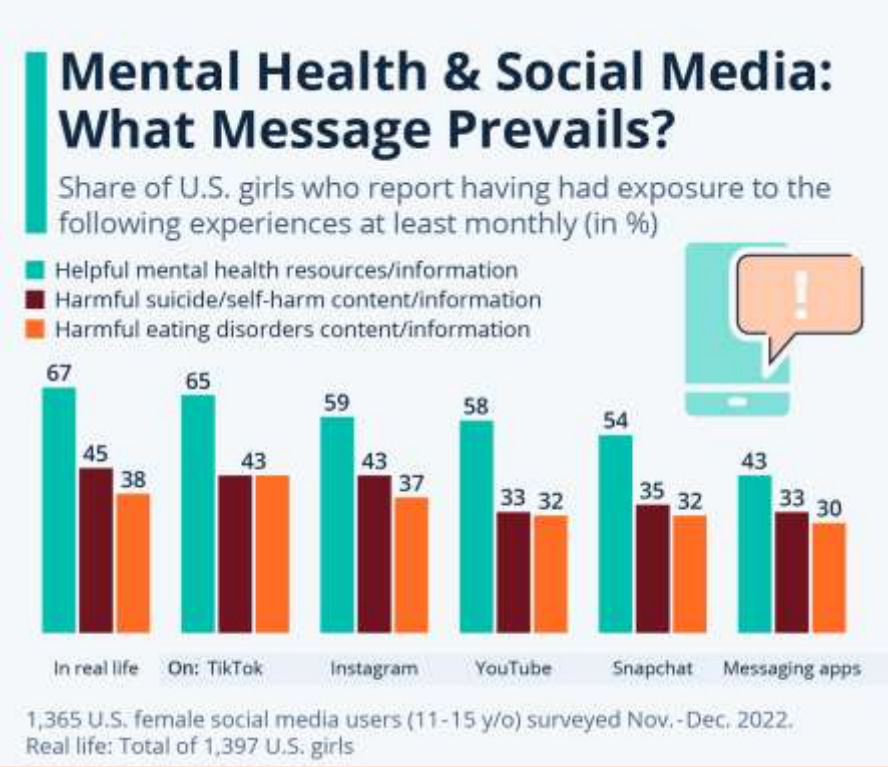


Figure 1: The relationship between social media use, appearance comparison, and body image among youth (Fleck, 2023).

Beauty Filters

Beauty filters and editing applications can significantly change a person's appearance. Filters may smooth skin, remove blemishes, whiten teeth, change facial proportions, enlarge eyes, or alter body shape.

Although many young people understand that filters exist, repeated exposure to edited images may still influence appearance expectations. Some adolescents may feel uncomfortable posting unedited photographs or may believe that their natural appearance is not attractive enough (UNICEF, n.d.). Digital editing can create unrealistic expectations because online images may not accurately represent everyday appearance.

Influencer and Beauty Culture

Influencers and celebrities frequently promote makeup, skincare products, fitness programs, clothing, cosmetic treatments, diet plans, and beauty trends. Sponsored content may present products as solutions to normal physical characteristics, including acne, body hair, skin texture, or natural body variation.

Some advertisements may encourage young people to believe that appearance can be improved through purchasing products. This may create pressure to spend money or follow trends to feel accepted. The APA (2023) recommends that adolescents receive support in understanding how commercial content, algorithms, and social comparison can influence their beliefs and behaviours.

Peer Pressure

Peer opinions often become increasingly important during adolescence. Youth may experience pressure to dress, exercise, wear makeup, style their hair, or change their bodies to fit social expectations.

Appearance-based teasing, negative comments, and online criticism may increase body dissatisfaction and emotional distress. Even positive comments may unintentionally reinforce the belief that appearance is the most important part of a person's identity (UNICEF, n.d.).

Family and Culture

Families can influence how young people think about appearance. Repeated criticism about weight, skin, hair, clothing, or physical features may contribute to insecurity. Adults who frequently discuss dieting or criticize their own bodies may unintentionally communicate that appearance determines personal value.

Supportive family relationships can serve as protective factors. Encouraging healthy habits, appreciating body diversity, and avoiding appearance-based criticism may help young people develop a more balanced relationship with their bodies (APA, 2023).

Limited Media Literacy

Young people may understand how to use social media but may not fully understand how algorithms, advertising, filters, editing, and sponsored content influence what they see online. Algorithms may repeatedly recommend appearance-related content after a user interacts with beauty, fitness, dieting, or weight-loss posts. Without media literacy education, youth may assume that these images represent normal appearance rather than carefully selected, edited, or commercially promoted content (APA, 2023).

Impacts On Youth

Negative Body Image

Body image refers to how individuals perceive, think, and feel about their bodies and physical appearance. Negative body image may involve dissatisfaction with body size, weight, shape, facial features, skin, or other physical characteristics.

Young people who internalize narrow beauty standards may focus heavily on perceived flaws and overlook their strengths and positive qualities. They may avoid photographs, mirrors, social activities, sports, or certain clothing because they feel uncomfortable with their appearance (UNICEF, n.d.).

When youth connect attractiveness with personal value, they may begin to believe that they are less worthy if they do not meet beauty expectations. Low self-esteem may affect friendships, school participation, confidence, relationships, and willingness to try new activities.

Research indicates that exposure to idealized appearance content may negatively affect body satisfaction and self-evaluation, particularly when individuals frequently compare themselves with others (Fioravanti et al., 2022). A young person's identity should be based on many qualities, including kindness, creativity, intelligence, resilience, skills, values, and relationships—not appearance alone.

Appearance-related pressure may contribute to anxiety, sadness, social withdrawal, and depressive symptoms. Youth may worry about how they look in photographs, whether others are judging them, or whether they meet social expectations.

WHO (2024) recognizes that social pressures and digital environments may affect adolescent mental health and well-being. However, social media and beauty standards are only some of the many factors that may influence mental health, and not every young person exposed to idealized images will experience psychological harm.

Disordered Eating

Body dissatisfaction may increase the risk of unhealthy eating behaviours. Some youth may skip meals, severely restrict food, follow extreme diets, binge eat, exercise excessively, or use unsafe methods to change their weight.

Research has linked negative body image and appearance-based social media use with increased concerns about eating, weight, and thinness (Demetriou et al., 2025). Not every young person who is dissatisfied with their appearance develops an eating disorder. However, persistent concerns about food, weight, body shape, or eating behaviours should be taken seriously.

Body Dysmorphia

Some youth may become intensely preoccupied with perceived flaws that are minor or not noticeable to others. They may repeatedly check mirrors, avoid mirrors, seek reassurance, hide parts of their appearance, or spend excessive time attempting to correct perceived imperfections.

Severe or persistent appearance-related distress may interfere with school, relationships, work, or daily activities. Youth experiencing significant distress should receive support from a qualified healthcare or mental health professional (National Institute of Mental Health [NIMH], n.d.). Young people who feel dissatisfied with their appearance may avoid school events, sports, parties, photographs, swimming, dating, or other social activities. Social withdrawal may increase feelings of loneliness and reduce opportunities for healthy relationships and personal development (UNICEF, n.d.).

Warning Signs

Youth may experience:

- Persistent dissatisfaction with their appearance
- Frequent negative comments about their body or face
- Low self-confidence
- Feelings of shame or embarrassment
- Anxiety about photographs or social events
- Sadness or hopelessness
- Strong fear of being judged by others

Persistent body dissatisfaction and excessive concern about appearance may affect emotional well-being and daily functioning (UNICEF, n.d.).

Behavioural Signs

Youth may:

- Frequently compare their appearance with others
- Spend excessive amounts of time checking mirrors
- Avoid mirrors or photographs
- Use filters on nearly every photograph
- Avoid social activities because of appearance concerns
- Change clothing repeatedly due to body dissatisfaction
- Become preoccupied with makeup, skincare, dieting, exercise, or weight

- Seek repeated reassurance about their appearance

Repeated appearance checking, avoidance, or reassurance seeking may indicate that appearance-related concerns are causing significant distress (NIMH, n.d.).

Support and Management

Open Communication

Parents, caregivers, educators, and trusted adults should create opportunities for youth to discuss appearance-related pressure without fear of judgment.

Helpful questions include:

"How do you feel after using social media?"
"Do any online posts make you feel unhappy with your appearance?"
"Do you feel pressure to look a certain way?"
"What do you think is edited or unrealistic about the images you see online?"

Adults should listen without dismissing concerns. Statements such as "You are beautiful, so you should not feel insecure" may be well intentioned but may not address the underlying pressure. It may be more helpful to acknowledge the difficulty of appearance expectations while reinforcing that personal value is not based on physical appearance (UNICEF, n.d.).

Prevention

Media Literacy

Media literacy helps young people evaluate online content critically. Young people should understand that online images often represent carefully selected moments rather than everyday reality. Education about social media algorithms and commercial content may help adolescents evaluate appearance-related messages more critically (APA, 2023).

Healthy Social Media Habits

Youth may benefit from:

- Unfollowing accounts that cause insecurity
- Following creators who promote body diversity and realistic content
- Reducing time spent viewing appearance-focused posts
- Taking breaks from social media
- Avoiding constant comparison with influencers or peers
- Remembering that likes and followers do not measure personal value

Research has found that reducing social media use may improve appearance and weight esteem among adolescents and young adults experiencing emotional distress (Thai et al., 2023).

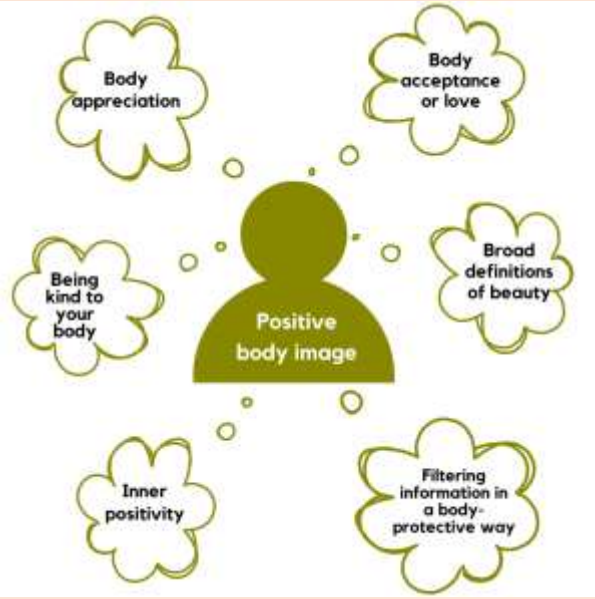


Figure 2: Strategies for promoting healthy body image and reducing the effects of unrealistic beauty standards among youth (NEDIC, n.d.).

Conclusion

Beauty standards can significantly influence how young people view their bodies, faces, and personal value. Social media, beauty filters, advertising, influencers, peer pressure, and cultural expectations may expose youth to narrow and unrealistic ideals. Although not every young person experiences negative effects, repeated appearance-based comparison may contribute to body dissatisfaction, low self-esteem, anxiety, depression, unhealthy eating behaviours, and social withdrawal (APA, 2023; Fioravanti et al., 2022). Protecting youth from harmful beauty pressure

requires a shared response. Families can promote open communication and avoid appearance-based criticism. Schools can teach media literacy and encourage diverse representation. Healthcare professionals can identify concerns early and provide appropriate support. Social media platforms and advertisers can increase transparency regarding edited content and reduce the promotion of harmful appearance ideals (WHO, 2024). Young people should be encouraged to recognize that beauty is diverse and that physical appearance is only one aspect of identity. Supporting youth in developing confidence, critical thinking, healthy relationships, and appreciation for their abilities can help reduce the harmful effects of unrealistic beauty standards (UNICEF, n.d.).

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Common Mental Health Issues Among University Students

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Introduction

The mental health of university students worldwide has become an issue of growing significance. Though university life is often seen as an exhilarating time brimming with chances for self-improvement, scholarly success, and professional advancement, it also brings a host of difficulties that can harm students' mental health. As students move from high school to university, they encounter considerable changes, such as heightened academic expectations, financial responsibilities, the need to adjust to new social settings, and the experience of living away from home for the first time. These changes can lead to significant stress and raise the chances of mental health issues arising. Consequently, universities have acknowledged that student mental health is an increasing public health priority and are continually broadening mental health services to aid in student success (Frontiers in Public Health, 2025).

The mental health of university students worldwide has become an issue of growing significance. Though university life is often seen as an exhilarating time brimming with chances for self-improvement, scholarly success, and professional advancement, it also brings a host of difficulties that can harm students' mental health. As students move from high school to university, they encounter considerable changes, such as heightened academic expectations, financial responsibilities, the need to adjust to new social settings, and the experience of living away from home for the first time. These changes can lead to significant stress and raise the chances of mental health issues arising. Consequently, universities have acknowledged that student mental health is an increasing public health priority and are continually broadening mental health services to aid in student success (Frontiers in Public Health, 2025).

Anxiety

Among university students, anxiety ranks among the most prevalent mental health disorders. It is normal to feel nervous from time to time before an exam or presentation, but if anxiety

persists, it can become overwhelming and disrupt daily activities. Students who suffer from anxiety frequently find themselves worrying excessively about their academic performance, future career prospects, financial matters, personal relationships, or fulfilling family expectations. Physical manifestations can encompass a quickened pulse, headaches, muscle tightness, challenges with focus, queasiness, and sleep issues (National Center for Biotechnology Information [NCBI], n.d.).

There are various reasons for the elevated anxiety levels in university students. One of the most significant predictors of this phenomenon is academic pressure, especially during exam periods and when assignments are due. Many students also face financial stress caused by tuition fees, cost of living, and the challenge of balancing work with full-time studies. Social pressures, such as the need to make new friends, adapt to campus life, and keep existing relationships, can exacerbate anxiety. For students who study away from home, the transition to university can become even more challenging due to feelings of homesickness and loneliness (Family Therapy Psychology Centre, 2025).

Students may skip classes, delay work on assignments, or pull back from social engagements when anxiety escalates. Such behaviours can frequently lead to a cycle in which academic struggles lead to greater stress, which in turn exacerbates anxiety. Studies have demonstrated that untreated anxiety correlates with diminished academic performance, reduced self-esteem, and a decline in overall well-being (Frontiers in Public Health, 2025).

Depression

Depression is another widespread mental health concern among university students. Unlike temporary sadness or disappointment, depression is characterized by persistent feelings of hopelessness, emptiness, and loss of interest in activities that were once enjoyable. Students experiencing depression may have difficulty concentrating, experience changes in appetite or sleep, feel constantly fatigued, and struggle to complete everyday responsibilities. In severe cases, depression may contribute to thoughts of self-harm or suicide, making early identification and treatment especially important (NCBI, n.d.).

Numerous factors can contribute to depression during university. Academic stress, social isolation, financial difficulties, uncertainty about future careers, and personal or family problems all increase the risk. Students who already have a history of mental illness or limited social support may be particularly vulnerable. Additionally, the transition into adulthood often requires students to develop independence while managing multiple new responsibilities, which can become overwhelming without adequate coping skills (PMC, 2022).

Depression not only affects emotional well-being but also significantly impacts academic success. Students experiencing depressive symptoms frequently report decreased motivation, difficulty remembering information, reduced class participation, and lower academic performance. Some may miss lectures, delay completing assignments, or withdraw from extracurricular activities and friendships. These challenges can contribute to feelings of failure and isolation, further reinforcing depressive symptoms. Research emphasizes that universities play a critical role in recognizing these warning signs early and providing accessible counselling services, peer support programs, and mental health education to encourage students to seek help before symptoms worsen (Frontiers in Public Health, 2025).

Overall, anxiety and depression remain two of the most prevalent mental health disorders affecting university students today. Their widespread impact demonstrates the importance of promoting mental health awareness, reducing stigma, and ensuring students have access to timely and appropriate psychological support.

Stress and Academic Pressure

Stress is a common part of university life; however, excessive or prolonged stress can negatively affect students' mental and physical health. University students face numerous demands, including maintaining high grades, meeting assignment deadlines, preparing for examinations, participating in extracurricular activities, and planning for future careers. Many students also work part-time jobs while attending school, making it difficult to balance academic and personal responsibilities.

Although moderate levels of stress can motivate students to perform well, chronic stress can impair concentration, memory, decision-making, and emotional regulation. Students experiencing long-term stress may develop headaches, digestive problems, muscle tension, fatigue, and weakened immune function. They may also become irritable, anxious, or emotionally exhausted, making it increasingly difficult to complete academic tasks successfully (Family Therapy Psychology Centre, 2025).

Financial concerns are another major source of stress. Rising tuition fees, housing costs, transportation expenses, and the need to repay student loans place additional pressure on many students. Those from lower-income families often experience even greater stress as they attempt to balance employment with demanding academic schedules. International students may also experience additional challenges, including adapting to a new culture, language barriers, and separation from family support systems (Frontiers in Public Health, 2025).



Figure 1: University students experiencing academic stress.

Adapted from *How College Students Perceive Academic Stress Affects Their Mental Well-Being*, by Rutgers University, 2022,

Burnout

Burnout has become increasingly common among university students and is closely linked to chronic academic stress. Burnout is characterized by emotional exhaustion, mental fatigue, reduced motivation, and feelings of detachment from schoolwork. Students experiencing burnout

often report feeling overwhelmed and unable to meet academic expectations despite investing significant time and effort.

Unlike temporary tiredness, burnout develops gradually after prolonged exposure to stress without adequate opportunities for rest and recovery. Students may begin skipping classes, procrastinating, losing interest in learning, or questioning their academic abilities. These behaviours often contribute to declining grades and increased frustration, creating a cycle that further worsens mental health (PMC, 2022).

Burnout may also negatively affect students' personal lives. Emotional exhaustion can reduce participation in hobbies, exercise, and social activities that normally promote well-being. Relationships with family and friends may become strained as students isolate themselves or become more irritable. Researchers have found that burnout is associated with increased risks of anxiety, depression, and lower overall life satisfaction, emphasizing the importance of promoting healthy study habits and maintaining a balanced lifestyle throughout university (Frontiers in Public Health, 2025).

Sleep Problems

Sleep disturbances are another common mental health concern among university students. Many students sacrifice sleep to complete assignments, prepare for examinations, work late shifts, or participate in social activities. Unfortunately, poor sleep quality can significantly affect both physical and mental health.

Students who do not receive adequate sleep often experience difficulty concentrating, slower reaction times, reduced memory retention, mood changes, and increased stress levels. Lack of sleep may also worsen symptoms of anxiety and depression, creating a harmful cycle in which poor mental health contributes to sleep difficulties while insufficient sleep further intensifies psychological distress (NCBI, n.d.).

Research suggests that maintaining consistent sleep schedules, reducing screen time before bedtime, and practicing healthy sleep habits can improve both academic performance and emotional well-being. Universities increasingly encourage students to recognize the importance of

sleep as an essential component of maintaining good mental health rather than viewing sleep as something that can easily be sacrificed during busy academic periods (Family Therapy Psychology Centre, 2025).



Figure 2: *College student experiencing sleep deprivation while studying.*

Adapted from *College Students Aren't Getting Nearly Enough Sleep*, by American Academy of Sleep Medicine, 2022,

Risk Factors and Barriers to Seeking Help

Although mental health concerns can affect any university student, certain factors increase the likelihood of developing psychological difficulties. First-year students often face a particularly challenging transition as they adjust to a new academic environment, increased independence, and unfamiliar social settings. Students who experience financial hardship, relationship problems, family conflict, discrimination, or previous mental health conditions are also at greater risk of developing anxiety, depression, and chronic stress (PMC, 2022).

Despite the growing availability of mental health resources, many students do not seek professional help. One of the primary barriers is the stigma surrounding mental illness. Some students fear being judged by peers or believe that asking for help is a sign of weakness. Others may not recognize their symptoms or assume that stress and emotional exhaustion are simply a normal part of university life. Limited awareness of available services, long wait times for counselling,

and concerns about cost or confidentiality may further discourage students from accessing support (Family Therapy Psychology Centre, 2025). Addressing these barriers is essential to ensuring students receive appropriate care before their symptoms become more severe.

Coping Strategies and University Support

Developing healthy coping strategies is one of the most effective ways to reduce stress and protect mental health during university. Time management, realistic goal setting, and maintaining a balanced schedule can help students reduce academic pressure and prevent burnout. Breaking large assignments into smaller tasks, using planners or calendars, and avoiding procrastination are practical strategies that can improve organization and reduce feelings of being overwhelmed.

Maintaining healthy lifestyle habits also plays a significant role in promoting positive mental health. Regular physical activity, nutritious eating habits, sufficient sleep, and mindfulness practices have all been associated with lower levels of stress, anxiety, and depression. Spending time with supportive friends and family, participating in campus clubs, and maintaining social connections can reduce feelings of loneliness while strengthening emotional resilience (Frontiers in Public Health, 2025).

Universities have an important responsibility to support student mental health by providing accessible counselling services, peer support programs, wellness workshops, crisis intervention, and educational campaigns that reduce stigma. Many institutions now offer virtual counselling, mental health screenings, stress management workshops, and online resources that make it easier for students to access support. Faculty members and staff also play an important role by recognizing signs of distress, encouraging students to seek help, and creating supportive learning environments that promote well-being (PMC, 2022).



Figure 3: Strategies to support and prioritize student mental health

Adapted from *Strategies to Prioritize Student Mental Health*, by The Pathway 2 Success, 2021.

Conclusion

Mental health challenges have become one of the most significant concerns affecting university students today. Anxiety, depression, chronic stress, burnout, and sleep disturbances can substantially interfere with students' academic performance, relationships, physical health, and overall quality of life. Although university presents many opportunities for personal and professional growth, it also exposes students to numerous stressors that may increase their vulnerability to mental health problems. Early recognition of symptoms, access to appropriate mental health services, and the development of healthy coping strategies are essential for improving student well-being. Universities, healthcare professionals, families, and students all share responsibility for creating supportive environments where mental health is openly discussed and help-seeking is encouraged rather than stigmatized. By promoting awareness, expanding access to mental health resources, and fostering resilience, universities can help students successfully manage the challenges of higher education while improving both academic success and long-term psychological well-being.

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Screen Time and Internet Addiction Among Youth

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Introduction

Digital technology has become an essential part of everyday life, especially for children and teenagers. Smartphones, tablets, computers, gaming consoles, and social media platforms provide opportunities for communication, education, entertainment, and access to information. Since the COVID-19 pandemic, the amount of time young people spend using digital devices has increased significantly because of online learning and greater reliance on technology for social interaction. Although technology offers many benefits, excessive screen time has become an increasing concern for parents, educators, and healthcare professionals. Researchers have linked prolonged screen use to a variety of physical, emotional, and social problems, including sleep disturbances, reduced physical activity, anxiety, depression, and difficulty concentrating (Canadian Paediatric Society, 2022).



Figure 1: Screen Time Addiction in Youth (New York Times, 2015)

Another growing concern is internet addiction, which occurs when individuals lose control over their internet use despite experiencing negative consequences. Adolescents are particularly vulnerable because they are still developing emotionally and socially while also spending large amounts of time on social media, video games, and online entertainment. Excessive internet use can interfere with school performance, relationships, mental health, and overall well-being (American Psychiatric Association, 2024). As technology continues to become more integrated into daily life, understanding both the benefits and risks of screen use is essential for helping young people develop healthy habits.

Screen Time and Internet Addiction Among Youth

Today's youth spend more time using digital devices than any previous generation. Many teenagers use smartphones throughout the day for texting, social media, streaming videos, gaming, and completing schoolwork. While technology allows young people to stay connected with friends and access educational resources, excessive use can gradually become unhealthy when it replaces sleep, exercise, face-to-face interactions, and other important daily activities. According to the Canadian Paediatric Society (2022), recreational screen time has increased considerably among children and adolescents, with many exceeding the recommended daily limits.

Social media platforms are designed to encourage continuous engagement through notifications, personalized content, and endless scrolling. Video games and short-form video platforms also use reward systems that make users want to continue playing or watching for longer periods. As a result, some adolescents find it difficult to limit their screen use even when they recognize that it is affecting their responsibilities or mental health. The American Psychiatric Association (2024) explains that problematic internet use can resemble other behavioral addictions, with individuals experiencing difficulty controlling their online behavior despite negative consequences. Over time, excessive screen use may reduce academic performance, decrease productivity, contribute to family conflict, and interfere with healthy social development. Recognizing these patterns early allows parents, teachers, and healthcare professionals to provide guidance before internet use develops into a more serious problem.

Mental and Physical Health Effects

One of the greatest concerns surrounding excessive screen time is its impact on mental health. Studies have found that adolescents who spend several hours each day on social media or other online platforms are more likely to experience symptoms of anxiety, depression, stress, and low self-esteem. Social media often encourages users to compare themselves to unrealistic images and carefully edited versions of other people's lives. This can cause young people to feel dissatisfied with their own appearance, achievements, or relationships. In addition, cyberbullying has become increasingly common, exposing many youths to online harassment that can negatively affect their confidence and emotional well-being (Canadian Psychological Association, 2025).



Figure 2: Children on Screens (Nutrimind, 2026)

Excessive internet use can also affect attention, memory, and academic performance. Constant notifications, videos, and online entertainment can make it difficult for students to remain focused during class or while completing homework. Many adolescents report checking their phones repeatedly throughout the day, interrupting their ability to concentrate on important tasks. Over time, these distractions may contribute to lower grades, procrastination, and difficulty developing effective study habits. Students who stay up late using their phones or gaming are also more likely to experience daytime fatigue, making it harder to learn and participate in school activities (Canadian Paediatric Society, 2022).

Physical health may also suffer when young people spend too much time using digital devices. Long periods of sitting reduce opportunities for exercise, increasing the risk of weight gain and poor cardiovascular health. Excessive screen use has also been linked to neck and back pain caused by poor posture, as well as headaches and digital eye strain resulting from extended exposure to screens. Another common consequence is poor sleep. The blue light emitted from smartphones, tablets, and computers can interfere with the body's natural production of melatonin, the hormone responsible for regulating sleep. As a result, many adolescents fall asleep later, sleep fewer hours, and wake up feeling tired, which can further affect their mood, concentration, and overall health (American Academy of Pediatrics, 2024).

Despite these concerns, technology itself is not inherently harmful. Digital devices provide important educational opportunities, allow young people to stay connected with family and friends, and give them access to valuable information and support. The key issue is finding a healthy balance between online and offline activities. When screen use is managed responsibly and does not interfere with sleep, school, physical activity, or personal relationships, technology can remain a positive part of a young person's daily life. Encouraging moderation rather than complete avoidance helps youth enjoy the benefits of technology while reducing the risks associated with excessive use.

Risk Factors and Prevention Strategies

Although many young people use technology responsibly, some are at a greater risk of developing unhealthy screen habits than others. Adolescents who experience stress, loneliness, anxiety, or depression may turn to social media, online games, or streaming platforms as a way to cope with difficult emotions. While these activities may provide temporary comfort or distraction, they do not address the underlying issues and can eventually become unhealthy if they replace real-life relationships and responsibilities. Family environments also play an important role. Young people who have few rules regarding screen use or who spend little time participating in offline activities with family members may be more likely to develop problematic internet use (American Psychiatric Association, 2024).

Schools and parents can help reduce the risk of internet addiction by encouraging healthy technology habits from an early age. Establishing consistent screen time limits, especially before bedtime, can improve sleep quality and reduce excessive device use. Experts also recommend creating screen-free spaces, such as during family meals or in bedrooms at night, to encourage face-to-face interaction and healthy sleep routines (Canadian Paediatric Society, 2022). Rather than banning technology completely, parents should focus on helping children understand how to use it responsibly and recognize when it begins to interfere with their daily lives.

Encouraging participation in sports, clubs, volunteering, hobbies, and outdoor activities can also help young people maintain a healthy balance between online and offline experiences. Regular physical activity has been shown to improve mental health, reduce stress, and decrease the amount of recreational screen time. Schools can further support students by providing education about digital citizenship, cyberbullying, online privacy, and responsible social media use. These programs teach youth how to safely navigate online environments while understanding the potential consequences of excessive internet use.

Healthcare professionals also play an important role in identifying problematic screen use. During routine medical appointments, doctors and mental health professionals may ask about screen habits, sleep patterns, emotional well-being, and physical activity. If internet addiction or excessive screen use is affecting a young person's daily functioning, counseling or cognitive behavioural therapy (CBT) may be recommended to help them develop healthier coping strategies and improve self-control (American Psychiatric Association, 2024). By working together, parents, educators, healthcare professionals, and youth themselves can promote healthier relationships with technology while allowing young people to continue benefiting from its educational and social advantages.

Conclusion

Screen time and internet addiction have become important public health concerns as digital technology continues to play a larger role in the lives of children and adolescents. Although smartphones, computers, and the internet provide many educational, social, and recreational benefits, excessive use can negatively affect mental health, physical well-being, academic

performance, and personal relationships. Research has shown that spending too much time online may increase the risk of anxiety, depression, poor sleep, reduced physical activity, and difficulty concentrating in school (American Psychiatric Association, 2024; Canadian Paediatric Society, 2022). In more serious cases, internet addiction can interfere with a young person's ability to manage everyday responsibilities and maintain healthy relationships. At the same time, it is important to recognize that technology itself is not the problem. When used responsibly, digital devices provide valuable opportunities for learning, creativity, communication, and access to information. The goal should not be to eliminate screen use altogether, but rather to encourage healthy and balanced habits. Parents, educators, healthcare professionals, and young people all have an important role in promoting responsible technology use through education, open communication, and practical strategies such as screen time limits, regular physical activity, and healthy sleep routines. As technology continues to evolve, helping youth develop positive digital habits will become increasingly important. By encouraging balance between online and offline activities, society can reduce the risks associated with excessive screen time while allowing young people to benefit from the many advantages that technology has to offer.

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Understanding and Managing Phobia

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Fear is a normal and essential human emotion that helps protect us from danger. However, when fear becomes intense, persistent, and disproportionate to the actual threat, it may develop into a phobia. Phobias are among the most common anxiety disorders and can significantly interfere with daily life, relationships, work, and overall well-being. Although many people experience fears, individuals with phobias often go to great lengths to avoid the object or situation they fear, which can reinforce anxiety over time. The good news is that phobias are highly treatable, and with appropriate support and evidence-based interventions, individuals can successfully manage their symptoms and regain confidence.

What is a Phobia?

A phobia is a type of anxiety disorder characterized by an intense, persistent, and unrealistic fear of a specific object, person, animal, activity, or situation (Howard E. LeWine, MD, 2024). Unlike normal fear, a phobia causes overwhelming anxiety even when there is little or no actual danger. People with phobias often avoid the object or situation that triggers their fear or endure it with significant distress (Howard E. LeWine, MD, 2024). Phobias commonly begin during childhood or early adulthood. While some childhood phobias resolve over time, those that develop in adulthood are more likely to persist without treatment and may increase the risk of other mental health conditions, including anxiety disorders and depression (Howard E. LeWine, MD, 2024).

Types of Phobias

Mental health professionals generally classify phobias into three main categories:

Specific phobias

Specific phobias involve an intense fear of a particular object or situation. Common examples include:

- Fear of heights (Acrophobia)
- Fear of flying (Aerophobia)

- Fear of spiders (Arachnophobia)
- Fear of needles (Trypanophobia)
- Fear of enclosed spaces (Claustrophobia)
- Fear of dogs or other animals

(Howard E. LeWine, MD, 2024)

Many people with specific phobias avoid situations involving their feared object, even if doing so causes inconvenience or limits their daily activities.

Social Anxiety Disorder (Social Phobia)

Social anxiety disorder involves an intense fear of being judged, embarrassed, or negatively evaluated in social situations (Howard E. LeWine, MD, 2024). Individuals may avoid public speaking, attending social gatherings, eating in front of others, or meeting new people (Howard E. LeWine, MD, 2024). This condition can interfere with education, employment, and interpersonal relationships (Howard E. LeWine, MD, 2024).

Agoraphobia

Agoraphobia is characterized by fear of situations where escape may be difficult or help may not be available if panic symptoms occur. Individuals may avoid crowded places, shopping malls, public transportation, or even leaving home altogether in severe cases (Howard E. LeWine, MD, 2024).

Symptoms of a Phobia

The symptoms of a phobia can vary depending on the individual and the specific fear they experience. However, common symptoms include intense fear or anxiety that is excessive compared with the actual level of danger. Individuals may recognize that their fear is unreasonable but still feel unable to control their response (Howard E. LeWine, MD, 2024).

Common symptoms of phobias include:

- Emotional symptoms: Overwhelming fear, panic, distress, embarrassment, or a strong urge to escape when exposed to the feared object or situation.

- Behavioral symptoms: Avoiding places, activities, or situations associated with the fear. This avoidance may interfere with daily responsibilities, relationships, work, or social activities.
- Physical symptoms: The body's "fight-or-flight" response may cause symptoms such as rapid heartbeat, sweating, trembling, shortness of breath, dizziness, nausea, and feelings of losing control (Howard E. LeWine, MD, 2024).

Over time, avoiding feared situations may strengthen anxiety and make the phobia more difficult to manage. Recognizing symptoms early and seeking appropriate support can help individuals learn effective strategies to manage their fears and improve their quality of life (Howard E. LeWine, MD, 2024).

What Causes Phobia?

Phobias do not have one single cause. Instead, they develop through a combination of genetic, psychological, environmental, and biological factors. Understanding these factors can help explain why some individuals develop intense fears while others do not.

Genetics

Some individuals may have an inherited vulnerability to anxiety disorders. Research suggests that specific phobias and social anxiety disorder can run in families, indicating that genetics may influence a person's likelihood of developing a phobia (Howard E. LeWine, MD, 2024).

Traumatic Experiences

A frightening or traumatic event can contribute to the development of a phobia. For example, someone who experiences a dog attack may develop a lasting fear of dogs. Negative experiences, particularly during childhood, may also increase the risk of developing anxiety-related fears (Howard E. LeWine, MD, 2024).

Learned Behaviours

Phobias can also develop through learned responses. Individuals, especially children, may learn fearful reactions by observing parents, caregivers, or others who display anxiety toward certain objects or situations. Repeated exposure to fearful experiences can reinforce these responses over time (Howard E. LeWine, MD, 2024).

Brain Function

The brain plays an important role in processing fear and anxiety. Changes in brain systems involved in detecting and responding to threats, including areas responsible for emotional regulation, may contribute to an exaggerated fear response even when there is little or no actual danger ("Phobias and Phobia-Related Disorders," 2025). Although phobias can significantly affect daily life, they are treatable conditions. Evidence-based treatments, including cognitive behavioural therapy and exposure therapy, can help individuals manage anxiety and gradually overcome their fears.

How Phobias Affect Daily Life

Phobias can significantly affect a person's daily functioning, relationships, education, employment, and overall quality of life. Individuals may avoid certain places, activities, or situations to prevent experiencing fear and anxiety. Over time, this avoidance can strengthen the fear response and limit a person's ability to participate in everyday activities. In severe cases, phobias may influence important life decisions, such as career choices, travel, social activities, or personal relationships (Howard E. LeWine, MD, 2024).

Effective Treatment Options

Phobias are highly treatable, and many individuals can successfully manage their symptoms with appropriate support. Treatment commonly involves psychotherapy, medication when needed, and self-management strategies.

Cognitive Behavioural Therapy (CBT)

Cognitive behavioural therapy (CBT) is one of the most effective treatments for phobias. CBT helps individuals identify and challenge unhelpful thoughts related to their fears and develop healthier ways of responding to anxiety. It focuses on changing thought patterns and behaviours that maintain fear responses (Howard E. LeWine, MD, 2024).

Exposure Therapy

Exposure therapy is a form of CBT that involves gradually and safely exposing individuals to the feared object or situation in a controlled environment. Through repeated exposure, individuals learn that their fear can be managed and that the situation is often less dangerous than they

believe. This approach helps reduce anxiety and build confidence over time (Howard E. LeWine, MD, 2024).

Medication

Medication may be considered for individuals with severe symptoms or when phobias occur alongside other anxiety disorders. Healthcare providers may prescribe medications such as antidepressants, beta-blockers, or anti-anxiety medications depending on the individual's needs. Medication should always be used under the guidance of a healthcare professional ("Phobias and Phobia-Related Disorders," 2025).

Self-Management Strategies

In addition to professional treatment, healthy coping strategies can help individuals manage anxiety and improve daily functioning.

Practice relaxation techniques

Relaxation strategies, including deep breathing exercises, mindfulness, meditation, and progressive muscle relaxation, can help reduce the physical symptoms associated with anxiety. These techniques promote calmness by regulating the body's stress response and improving an individual's ability to manage fear reactions.

Challenge avoidance behaviours

Although avoiding feared situations may provide temporary relief from anxiety, continued avoidance can reinforce fear and maintain phobic responses over time. Gradually approaching feared situations in a safe and structured manner, often with professional guidance, can help individuals develop confidence and reduce anxiety.

Maintain a healthy lifestyle

Engaging in regular physical activity, maintaining adequate sleep, following a balanced diet, and limiting substances such as excessive caffeine can support overall mental health and improve resilience to stress and anxiety.

Seek social support

Social support from trusted family members, friends, or peer support groups can help reduce feelings of isolation and provide encouragement throughout the recovery process. Positive support systems can also increase motivation to seek treatment and manage symptoms.

Learn about anxiety

Understanding the nature of anxiety and phobias can help individuals recognize their symptoms, challenge misconceptions about fear, and develop effective coping strategies. Increased awareness and education can empower individuals to take an active role in managing their mental health. With the right treatment and support, individuals with phobias can learn to manage their fears, regain confidence, and improve their quality of life.

When to Seek Professional Help

Seeking professional support is an important step when phobia symptoms begin to interfere with daily functioning or overall well-being. Individuals should consider consulting a healthcare professional if their fear causes significant distress, affects work, school, or relationships, results in panic attacks, leads to avoidance of important activities, or continues for six months or longer. Early recognition and treatment can improve outcomes and help prevent symptoms from becoming more severe (Howard E. LeWine, MD, 2024).

Reducing the Stigma Around Phobias

Despite being common and treatable mental health conditions, phobias are sometimes misunderstood. Some individuals may avoid seeking help because they fear their concerns will be dismissed or viewed as irrational. However, phobias are recognized anxiety disorders that require compassion, understanding, and appropriate treatment, similar to other health conditions. Supporting individuals with phobias involves listening without judgment, validating their experiences, and encouraging them to access professional support when needed. A supportive environment can help reduce stigma and promote recovery.

Conclusion

Phobias are common but treatable anxiety disorders that can significantly affect an individual's daily life, relationships, and overall quality of life. Although fears associated with phobias can feel overwhelming, evidence-based treatments such as cognitive behavioural therapy and exposure therapy can help individuals manage symptoms and gradually overcome their fears. Combined with self-management strategies, education, and social support, individuals can develop

effective coping skills and improve their confidence and well-being. Seeking help is an important step toward recovery and improved mental health.

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Learning Disorders and Management

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What Are Learning Disorders?

First, learning disorders are neurodevelopmental conditions that are grouped into the category of Specific Learning Disorders (SLDs) in which individuals face challenges in one or more aspects of learning such as reading, writing or mathematics (Lombardo Pontillo et al., 2026; Borges-Silva et al., 2024). It is estimated that school going children tend to be affected greatly, where around 5-15% of children across cultures have a SLD (Chieff et al., 2023). Academically speaking, impairments in reading include having trouble in word reading accuracy and reading comprehension, often known as dyslexia (Chieff et al., 2023). Impairments in the writing aspect are broken into two parts; those who have difficulty with spelling and grammar accuracy and those who have difficulty with organization of written expression (Chieff et al., 2023). The word, dysgraphia is often used to explain when an individual has a mix of challenges when it comes to writing (Chieff et al., 2023). Impairments in mathematics include but are not limited to challenges with calculation, arithmetic understanding and number sense, often known as dyscalculia (Chieff et al., 2023; Finardi et al., 2026). These difficulties however do go beyond basic academic difficulties where individuals are affected on multiple levels such as social, emotional and psychological (Khouri et al., 2025).

Academic, Social, Emotional, Psychological and Impacts

To begin, it goes without saying that those who have learning disorders will naturally have more difficulty when it comes to excelling in academics. Many studies find that SLDs are found in childhood but, without proper early detection these disorders can be found in adulthood, making it that much harder to cope at an older age (Finardi et al., 2026). In sum, impairments in learning disorders will have children have lower performance as compared to their peers when it comes to finishing assignments and understanding instructions (Shah et al., 2019). When people find themselves in a setting that requires having a high-level literacy, analytical thinking, and also self-regulation abilities, those with SLDs have much trouble (Khouri et al., 2025). This then very easily

can have those children feel like they are falling behind their classmates, that they are inferior to them, which directly affects their mental health and self-esteem (Lombardo Pontillo et al., 2026; Khouri et al., 2025).

In addition, reports say that students not only have low academic self-efficacy but also, these feelings of falling behind lead to high level of anxiety, and doubts about competence when compared to their counterparts (Lombardo Pontillo et al., 2026). At times, with having to deal with so many negative emotions, it is hard for those with SLDs to regulate their emotions in a healthy, functional way (Khouri et al., 2025). Studies show that despite dyslexic and non-dyslexic students having the same routine, due to the condition, dyslexic students report their routines to be exhausting and stressful (Lombardo Pontillo et al., 2026). Similarly, studies show that dyslexia also makes individuals more prone to experiencing mathematical and test anxiety as a result of their condition (Lombardo Pontillo et al., 2026).

Moreover, socially many individuals tend to conceal their identities when they have such learning disorders as a result of not wanting to be marginalized and judged by others (Lombardo Pontillo et al., 2026; Finardi et al., 2026). However, many other students reported that it becomes important for them to disclose their condition so they can get the appropriate accommodation and support in classes (Lombardo Pontillo et al., 2026). Again, this constant push and pull between how others perceive them but wanting adequate help to support their learning needs becomes a central aspect of their lives. It becomes a constant weightage of the benefits of revealing and the drawbacks and how that will affect them (Finardi et al., 2026).

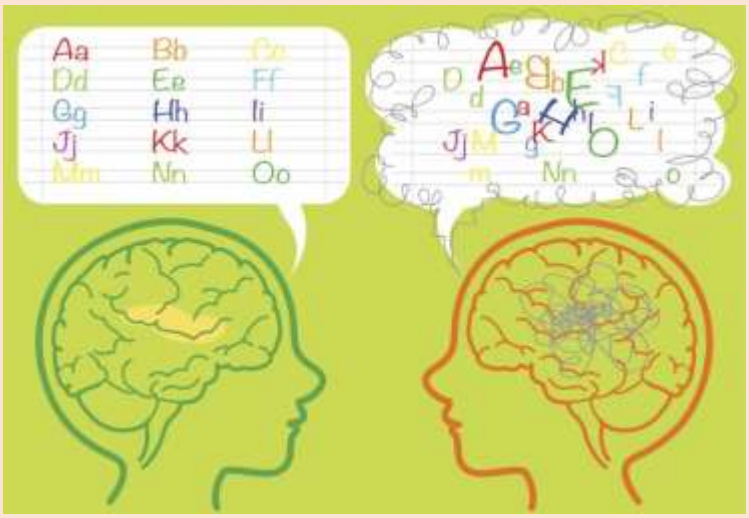


Figure 1: Specific Learning Disorder – Reading (Lalit, 2019)

Likewise, to build social relationships and have strong support systems act as both protective and risk factor (Lombardo Pontillo et al., 2026). For example, when students and teachers treat those with SLDs positively, and foster a supportive environment for them, it helps increase resilience which helps however when that is not possible, those diagnosed with SLDs tend to rely more on family members, become dependent and thus become less satisfied with campus life (Lombardo Pontillo et al., 2026). Additionally, those with SLDS may find difficulty to understand and pick on social cues, initiation of friendships and talking, and make connections with ease, which again contributes to them feeling isolated and alone (Khouri et al., 2025). Those with SLDs, as mentioned earlier, are more in a vulnerable position because they do not want to get judged or critiqued harshly and so they can be more prone to bullying (Khouri et al., 2025). These naturally will invite low feelings of adequacy which brings them down, interfering with their social relationships (Khouri et al., 2025).

Lastly, some other impacts that individuals with SLDs typically have is the inability to demonstrate organization, planning and time management skills when it comes to academic pursuits (Khouri et al., 2025). School naturally requires us to be on top of our work, making sure we are prioritizing work according to deadlines, and being able to complete everything well advance of time to get good grades and excel. As we get into higher classes, the schoolwork also becomes harder, and the content becomes advanced that requires even more effort and patience and organization than ever before. In such contexts it is crucial that individuals are able to well manage their

time and navigate through academic stress. However, when that is not possible, due to already ongoing challenges, the burden then becomes triple folded, making it harder to manage workload and life (Khouri et al., 2025). As mentioned, if individuals also do not know how to regulate their emotions effectively, they become victim to rumination, overthinking and negative coping strategies, which can impact work ethic and routine (Khouri et al., 2025).

Management of SLDs

Moreover, there are management strategies that can be implemented on an individual and educational level which can better help those who have SLDs. On the individual level, the class, students, and teachers should make a supporting and inviting environment where someone with SLDs feels safe to disclose their condition and feels like everyone around them is respecting and creating a safe space for them. Second, families of individuals should be open and bring them to medical health professionals so that they can screen and diagnose early symptoms of potential SLDs so that management strategies can be introduced right from childhood, so it does not have to go into adulthood without knowing that someone has this condition (Shah et al., 2019). For this however, many families can be hesitant to reach out as a result of being scared or having any cultural stigma associated. To help, schools primarily could offer psychoeducation about learning disorders, the challenges associated with it and the support that is available (Shah et al., 2019). Many times, those with SLDs also have comorbid disorders and assessing these from an early age helps to start managing it before it gets worse (Shah et al., 2019).

Next, in the educational setting, strategies and tools should be implemented which will make it easier for students to learn despite their challenges. These include having the student get accommodations that best suit needs (Shah et al., 2019). For example, audio books, touchpad devices, calculators, use of spell checkers, and various assisting tools can help those who have a harder time (Shah et al., 2019). Then, modifications in tasks and assignment itself, where the content, time, and instructions are adapted to best fit the student and how well they can do (Shah et al., 2019; Finardi et al., 2026). Studies reported that having time off to practice self-regulations strategies, such as breaks, also makes a difference (Finardi et al., 2026).

To add, during elementary school years, schools should employ remedial education that helps to build the foundational skills needed to do perform well in school (Shah et al., 2019). These would typically be in areas that students are challenged with the most. With the integration of these strategies in a school setting will help to build their self-esteem. It makes them get less of a burden and helps to build their confidence when having to go through academic life (Shah et al., 2019). In the same line, the relevance of sport games also contributes to having a positive mental health for those who have SLDs (Borges-Silva et al., 2024). For example, when someone is not doing well academically, being immersed in sport games, can give them an opportunity to excel somewhere outside of school which helps uplift their spirits (Borges-Silva et al., 2024). Not only that but again, sports help facilitate the association of interacting with other people which helps with interpersonal skills (Borges-Silva et al., 2024). Skills that are learned through this can be transferable over to academic life and other related areas.

Furthermore, when looking at the challenges that students face such as reading, writing and mathematics, there are individual strategies that can be introduced that target each of these areas. For reading, encouraging phonemic awareness in people who are diagnosed with dyslexia can bring much change into their reading capacity and comprehension (Shah et al., 2019). For example, being able to learn and practice hearing and manipulating individual phenomes which generally is hard for someone with reading disorder will help them build on this more that in turn helps them get better at reading (Shah et al., 2019). For writing, it becomes a bit trickier, where more attention to eye hand coordination through clay modeling exercises can be brought to the classroom (Shah et al., 2019). For mathematics, different exercises such as practicing number syntax, verbalization of mathematical concepts can be introduced which helps to strengthen these deficits in children (Shah et al., 2019).

Conclusion

Overall, the development of specific learning disorders can start from childhood and go on until adulthood. If they aren't diagnosed effectively in early age, then it becomes that much harder to cope and manage through academic and social life when individuals get older. Having SLDs significantly challenges reading, writing and mathematical skills which affects many areas of someone's life such as academic, social, psychological and emotional. It impairs their self-esteem

and spirits, increases anxiety, and brings negative emotions that become hard to manage. Appropriate management strategies then should be implemented on an individual and academic level so that individuals who do have SLDs are better supported as early as possible. This makes it easy for them to go through their academic life into their adult life in a healthy functional way.

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Attention-Deficit/Hyperactivity Disorder (ADHD)

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Attention-deficit/hyperactivity disorder (ADHD) is a common neurodevelopmental disorder that primarily affects attention, activity levels, impulse control, and executive functioning. It usually begins during childhood, although symptoms may continue into adolescence and adulthood. Children with ADHD may experience difficulties focusing on tasks, following instructions, controlling impulses, organizing activities, and completing schoolwork. These difficulties can affect academic performance, relationships with family and peers, and everyday functioning (American Psychiatric Association [APA], 2022; Centers for Disease Control and Prevention [CDC], 2024). ADHD is considered a developmental disorder because it is associated with differences in brain development and functioning. The condition is complex and does not result from one single cause. Instead, genetic, biological, neurological, and environmental factors may interact to increase the likelihood of developing ADHD (National Institute of Mental Health [NIMH], 2024).

Research suggests that genetic factors play an important role in the development of ADHD. Children who have close family members with ADHD may have a higher likelihood of developing the disorder. Researchers have identified genetic influences related to brain development, attention, motivation, and behavioral regulation; however, genetics alone cannot explain every case of ADHD (NIMH, 2024). Differences in brain development and functioning have also been associated with ADHD. Areas of the brain involved in attention, executive functioning, impulse control, and behavioral regulation may function differently in individuals with ADHD. These neurological differences may contribute to difficulties maintaining attention, organizing tasks, controlling impulses, and regulating activity levels (NIMH, 2024). Certain prenatal and early-life factors may also increase the risk of ADHD. Research has examined factors such as premature birth, low birth weight, prenatal exposure to harmful substances, and other developmental influences. However, these factors should be considered potential risk factors rather than

direct causes because ADHD develops through interactions among multiple biological and environmental influences (NIMH, 2024).

The clinical features of ADHD are generally associated with three main areas: inattention, hyperactivity, and impulsivity. Symptoms can vary considerably between individuals, and not every child experiences the same combination or severity of symptoms (APA, 2022). Children experiencing inattention may have difficulty maintaining focus, following instructions, organizing schoolwork, remembering responsibilities, and completing activities. They may become easily distracted, lose necessary materials, or appear not to listen when spoken to directly. These difficulties can interfere with academic achievement and daily activities (NIMH, 2024). Hyperactivity may involve excessive movement, restlessness, difficulty remaining seated, excessive talking, or difficulty participating quietly in activities. These behaviors may be especially noticeable in structured environments such as classrooms. Impulsivity may involve interrupting others, answering questions before they have been completed, difficulty waiting for a turn, or acting without considering the consequences (APA, 2022).

ADHD can have significant effects on a child's academic and social development. Difficulties with attention, organization, and impulse control may make it challenging for children to complete assignments, follow classroom routines, and remain engaged in learning. Social relationships may also be affected when impulsive behaviors or difficulties with self-regulation interfere with interactions with peers. Some children with ADHD may experience frustration or difficulty regulating their emotions, which can contribute to challenges at home and at school (CDC, 2024). ADHD may also occur alongside other developmental, learning, behavioral, or emotional conditions. Therefore, a comprehensive assessment is important when ADHD is suspected because difficulties with concentration or behavior may have multiple possible causes (American Academy of Pediatrics [AAP], 2019).

Early identification and intervention are important components of ADHD management. Developmental concerns that are recognized early can allow children and families to access appropriate healthcare, behavioral interventions, and educational resources. Continued monitoring

is also important because symptoms and functional difficulties may change as children develop. Regular communication among healthcare professionals, families, and schools can help identify ongoing challenges and determine whether treatment strategies remain effective (AAP, 2019). Supportive environments can help children with ADHD develop greater independence, improve academic and social functioning, and participate more successfully in everyday activities.

Overall, ADHD is a complex neurodevelopmental disorder influenced by genetic, biological, neurological, and environmental factors. Its main clinical features include difficulties with attention, hyperactivity, and impulsivity, although symptoms and their severity vary between individuals. ADHD can affect academic performance, social relationships, family life, and everyday functioning. A comprehensive assessment is essential for accurate identification, while effective management may involve behavioral interventions, medication, educational support, family involvement, and continued monitoring. Early recognition and appropriate support can help children manage their symptoms and improve their overall functioning and quality of life (APA, 2022; CDC, 2024).

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South Asian Canadians Health & Social Services (SACHSS) is a registered not for profit charity organization. SACHSS provides culturally and linguistically appropriate services to South Asian and other communities. SACHSS services include Health Education, Health Promotion, Mental Health, Addiction, Stress Management, Anger Management and related social issues and social and recreational programs. SACHSS provides services in Hindi, Punjabi, Urdu, Tamil, Gujarati, Malayalam, Sindhi, Arabic, French and English.

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